

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042114

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10851 STATE FILE NUMBER

FILED NOV 7 1963

|  |   |   |                               |
|--|---|---|-------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY   |                               |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |   | c. CITY OR TOWN St. Louis   |                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Parklane Hospital   |   | d. STREET ADDRESS (If outside, give location)<br>5928 McPherson Ave.  |                               |
| 3. NAME OF DECEASED<br>(Type or print)<br>First EDNA Middle A. Last TAYLOR   |   | 4. DATE OF DEATH<br>Month Oct. Day 30 Year 1963   |                               |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>8-17-1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Cook-Goodwill Industries  |   | 11. BIRTHPLACE (City and state or country)<br>Millstadt, Ill.   |                               |
| 13a. FATHER'S NAME<br>Unknown Muskopf  |   | 14. NAME OF HUSBAND OR WIFE<br>John W. Taylor   |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |   | 17. INFORMANT<br>John W. Taylor 5928 McPherson Ave.   |                               |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute Myocardial De comp.<br>DUE TO (b) Arteriosclerotic H.D.<br>DUE TO (c) Auricular Fibrillation |   | INTERVAL BETWEEN ONSET AND DEATH<br>2 days<br>?<br>32 days  |                               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>C PC Lungs - Myocardial Infarction  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                               |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br>420.0   |                               |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br>St. Louis, Mo.  |                               |
| 21. I attended the deceased from<br>Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br>R. Shakada MD, FACP   |                               |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |   | 23b. DATE<br>Nov. 2, 1963   |                               |
| 24. FUNERAL DIRECTOR<br>Kriegshauser 4228 S. Kingshighway Blvd.  |   | 25. DATE RECD. BY LOCAL REG.<br>NOV 1 1963  |                               |
| 26. REGISTRAR'S SIGNATURE<br>Road Smith. M.D.  |   | 27. DATE SIGNED<br>10/31/63   |                               |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Nakada

Licensed Embalmer No. 4527

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.